

U.S. DEPARTMENT OF ENERGY
20__ National Science Bowl®

Confidential Medical Information and Emergency Notification Form

Name _____ Birth Date _____ Sex: M ___ F ___

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone () _____ SSN _____

Physician/HMO Name _____ Phone () _____

Date of Last Tetanus Shot: _____ Drug Allergies: (circle none or list) _____

Medical Conditions or Previous Surgery: _____

Regular Medications: (circle none or list) _____

Special Dietary Requirements (include food allergies): (circle none or list) _____

Vegetarian: (circle) YES or NO

Special Physical and/or Transportation Needs: (circle none or list) _____

FAMILY INFORMATION

Father's Name _____ Work Phone () _____

Mother's Name _____ Work Phone () _____

Legal Guardian (if applicable) _____ Work Phone () _____

Emergency Contact (Required) _____ Phone () _____

Relationship to Student _____

Medical/Hospital _____

Insurance Carrier _____ Policy # _____

CONSENT TO MEDICAL CARE AND TREATMENT

(Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.)

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

Signature of Parent or Legal Guardian _____ Date _____

NO FAX COPIES